BUREAU OF PROFESSIONAL LICENSURE IOWA DEPARTMENT OF PUBLIC HEALTH LUCAS STATE OFFICE BUILDING 5TH FLOOR 321 E. 12TH STREET- DES MOINES, IOWA 50319-0075 TELEPHONE: 515-281-0254 FAX: 515-281-3121

WEB SITE: www.idph.state.ia.us/licensure

PETITION FOR WAIVER

This form may be used to seek a waiver or variance from an administrative rule adopted by one of the boards listed below. A waiver, if granted, may excuse the petitioner from the requirements of a rule in its entirety or in part, or may modify the requirements of a rule, for a period of time or permanently. The process for seeking a waiver from an administrative rule and the standards under which the petition will be evaluated are described in IAC 645 Chapter 18. Please keep in mind that the boards are not allowed to waive or alter a statutory duty or requirement.

The board has the authority to suspend in whole or in part the requirement or provisions of a rule as applied to a license on the basis of the particular circumstances of that person.

The burden of persuasion rests with the petitioner to demonstrate by clear and convincing evidence that the board should exercise its discretion to grant a waiver from board rule. Please respond in the space provided to each of the items below. If additional space is needed, you may provide information on a separate piece of paper.

Unless other arrangements have been made, the board will grant or deny a petition at the time of the next scheduled quarterly meeting. Items for consideration by the board are due in the board office two weeks prior to the scheduled meeting. The board meeting schedule is available on the board web site.

THE BOARD TO WHICH YOUR PETITION IS DIRECTED								
	Athletic Trainer	Barber	☐ Behavioral Science	Sign Language Interpreter and Transliterator				
	☐ Chiropractic	Cosmetology	☐ Dietetic	and Transiterator				
	☐ Hearing Aid Dispenser	Massage Therapy	☐ Mortuary Science					
☐ Nursing Home Adm.		Optometry	☐ Physical & Occupational	Therapy				
	Physicians Assistant	☐ Podiatry	☐ Psychology					
	Respiratory Care	Social Work	☐ Speech Pathology & Au	diology				
Where applicable and known the petitioner shall: 1. Cite the rule(s) from which the waiver is desired. 2. Explain why you feel the board should exercise its discretion and grant a waiver from its rules.								
3.	3. Identify the specific waiver being requested, and whether a waiver of the entire rule or only a portion of the rule is being sought.							
4.	State the specific period of time for which the waiver is being sought.							

5.	Pro	vide the relevant facts that justify a waiver for each of	the following:					
	a.		ship on the person for whom the waiver is being requested.					
	b.	The waiver from the requirements of the rule in the s person.	pecific case would not prejudice the substantial legal rights of a	ny				
	c.	law.	a waiver are not specifically mandated by statute or another prov					
	d.	Substantially equal protection of public health, safety the particular rule for which the waiver is requested.	y, and welfare will be afforded by a means other than that prescr					
6.	Pro	rovide a history of any prior contacts between the board and the petitioner related to the waiver.						
7.	Pro	ovide any information known to the requester regarding the board's action in similar cases.						
8.	Proque	Provide the name, address, and telephone number of any public agency or political subdivision which also regulates the activity in question or which may be affected by the granting of the waiver.						
9.	Dro							
<i>)</i> .		Provide the name, address and telephone number of any person or entity that would be adversely affected by granting the waiver.						
10.		rovide the name, address, and telephone number of any person with knowledge of the relevant facts related to the proposed vaiver.						
			ntained within this petition. I authorize any persons with knowled by information to the board to which this petition is directed.	edge of				
Signature			Date					
Nam	e of I	Petitioner:	License number, if applicable:					
Addı	ress:		Daytime phone number:					
Fax number, if applicable:			E-mail address, if applicable:					